**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL TYPE	OR	OTHER THAN			
FOR			NUMBER FILED		NUMBER EXTRA		FEE	] 	RATE	FEE
BASIC FEE		43.7%				RATE	345.00	1,_	1.0	690.00
			20-1.			3-3.00	OR	<b>大学</b>		
,	TAL CLAIMS	23	,	<del></del>		X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS					X39=		OR	X78=	78	
MU	MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	877
	C				4	OTHER				
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDENT CLAIM	<u> </u>	+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
·		(Column 1)		(Column 2)	(Column 3)	ADDII. FEE	-	4	ADDII. FEEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDENT CLAIM			1			
			,			+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
*		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	×	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus ·	***	=	X39=	†	1	X78=	
<b>A</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				\	+	OR	^/8=	<b> </b> -	
	If the entry !=1	mn 1 in less Mari	the enterior	mn Qit uon :		+130=		OR	+260=	
	if the entry in colui If the "Highest Nui	mir i is iess than	THE SHITTY IN COLU	ımn 2, write "0" in co	ขนทเทิ ฮ์.	TOTAL		OR	TOTAL	1

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	

Total Fee Calculation								
	Fee Code	Total # Claims	Number Extra	х	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	,	,
Basic Filing Fee	201/101		_		345	690	=	690
Total Claims >20	203/103	$\frac{23}{2}$ -20	=	x	9	18	=	54
Independent Claims >3	202/102		- /	X	39	78	=	78
Mult. Dep Claim Present	204/104				130	260	=	
Surcharge	205/105				65	130	=	130
English Translation	139							
TOTAL FEE CALCULA	ATION							952
Fees due upon filing the application:								
Total Filing Fees Due	= \$_	95	2	<del></del>				
Less Filing Fees Subn	nitted -\$_							
BALANCE DUE	= \$_					·		

FORM OIPE-RAM-01 (Rev. 12/97)